

MAINE HUMAN RIGHTS COMMISSION

DISABILITY INTAKE QUESTIONNAIRE

(Attachment to Intake Questionnaire)

1. What is your disability?

2. How does your disability affect you? (Check all that apply.)

☐ Walking ☐ Speaking ☐ Seeing ☐ Breathing ☐ Hearing
☐ Caring for self ☐ Other (please describe) _____
☐ Working (Please describe) _____

3. Do you have a record of disability? ☐ Yes ☐ No

4. Are you regarded as having a disability? ☐ Yes ☐ No

5. Do you have the required skills, experience, education and other job-related requirements of the job named in your complaint? Please list skill needed and your qualifications.

6. What are the essential functions of the job?

7. Is reasonable accommodation an issue? ☐ Yes ☐ No

8. Did you request a reasonable accommodation? ☐ Yes ☐ No

Explain what kind of accommodation was requested and when. What was said and by whom?

Explain whether you rejected any proposed accommodation, and the reason(s) for your rejection.

9. What was said or done to you to make you feel the employer had a problem with you disability? Include a description of all verbal or written statements or documents. Include specifics as to person(s) who made such statements, what was said, and names of witnesses (if any).
